Saving Lives: Incorporation of Student Organizations in Medical Amnesty Policies

An Honors Thesis (Honors 499)

By

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May 2018

Expected Date of Graduation

May 2018

Abstract

College campuses across the United States are faced with issues regarding underage and overall reckless drinking. Because these habits violate state laws and university policies, if a student or member of an organization is in violation of these laws and policies but sees someone in need of emergency medical assistance, they may delay calling for emergency care for fear of facing consequences for their own transgressions. Many states and universities have created Medical Amnesty Protocols (MAPs) that provide legal or university amnesty when an individual calls an ambulance for someone experiencing a medical emergency. The most common form of amnesty is caller amnesty, protecting the caller if they risked revealing their own violations in order to seek help. This paper examines the necessity of MAPs, outcomes where MAPs have been implemented and researched, and the impact of alcohol education programs following violations. The purpose is to determine whether expanding MAPs to include organizations is beneficial. Although no published research has shown the specific effects of organizational amnesty, it is recommended that Ball State University use this opportunity to implement an organizational policy and collect data to help its students and to inform the entire Student Affairs community of the efficacy of organizational amnesty.

Acknowledgements

I would like to thank the Director of Greek Life, Kari Murphy, for advising me on this journey. Without her availability to advise me, her immense help in shaping my thesis, and more importantly her flexibility being an administrator and still finding time to read email after email and revision after revision.

I would like to thank my parents, Shawn and Kyle, for encouraging me in this endeavor, especially right at the beginning when it seemed like a tsunami of work about to crash down on

me. I give special recognition to my mother Shawn for helping me to discover a direction for my thesis, and how to translate that vision into an outline.

I would also like to thank my friend Destiny, without whom I would never have decided on this topic and ventured into the world of Student Affairs, which I am now pursuing for graduate school.

Process Analysis Statement

I arrived at the topic of medical amnesty through my work as a senator in the Ball State University Student Government Association Senate. I was working on a piece of legislation regarding the Good Neighbor Exception in Ball State's *Code of Student Rights and Responsibilities*, when I had a meeting with several university administrators whose areas of expertise overlapped with my task. They told me that a lot more research and work had to be done for the organizational expansion of the Good Neighbor Exception. Because of this, I had already begun digging into the research before officially starting my thesis, but until I started organizing my thoughts, I had no idea how much more there was to do.

The coolest thing about doing the research for this thesis (digging through various student codes of conduct, reading laws, and sifting through study after study) was that this was the first paper I actually enjoyed writing. The topic of medical amnesty was interesting, but more exciting was the realization that Student Affairs is the field into which I want to go. Between my thesis proposal and the completion of my thesis, I changed my post-undergraduate plans, applied to several graduate schools, interviewed with five, and was accepted to three, including my top choice that included a graduate assistantship in Residential Life at Indiana State University. Thanks to the work behind this thesis, I feel ecstatic about joining the ranks of Student Affairs professionals, and I definitely feel prepared for graduate school.

One of the hardest parts about the thesis was actually getting it started. I had some sources, and I thought I knew what I wanted to talk about, but I had no structure or point of reference. I reached out to my mom for help since she's working on her Ph.D. dissertation, and she was able to give me a basic outline. This outline consisted of Introduction, Literature Review, and Discussion, and the Introduction was broken down into Problem, Purpose,

Question, and Significance of Question. It was a very simple outline, but from there I was able to start organizing my thoughts, and figuring out where to use the sources that I had already begun gathering.

Another challenge I faced was figuring out what to include, and what to omit. When it comes to college drinking, there are a lot of sources. That being said, I chose to stick with more evidence-based rather than anecdotal data, which helped limit what sources I used. Additionally, there were topics that I hoped to include, such as which schools in Indiana did not have medical amnesty policies, but the format of each school's Student Code was different, and some schools had a medical amnesty policy in place that was not included in their Student Code, which made it challenging to determine if there was a medical amnesty policy in place at all. As a result, I elected not to include those findings.

This paper, as a culmination of my academic career at Ball State University, is possibly my proudest accomplishment. This is the hardest task I have completed to date, and as such, its completion is the most satisfying. I hope these results can play a role in shaping the ever-changing culture that is student affairs on college campuses.

Introduction

Problem

Binge drinking is an issue for today's youth and young adults of which many professionals in higher education are aware. According to an article on college drinking by the National Institute of Alcohol Abuse and Alcoholism, or NIAAA, close to 60% of students aged 18-22 reported drinking in the last month and almost two thirds of them reported binge drinking. Binge drinking is defined as five or more standard drinks for men, and four or more standard drinks for women, consumed in a two-hour timespan (NIAAA, 2015 Dec). While binge drinking

runs rampant, it causes many issues for college communities. More than 1,800 students in the United States ages 18-24 die every year from various alcohol-related unintentional injuries (NIAAA, 2015 Dec), and it is estimated that 468 of these are specifically from non-traffic alcohol-related unintentional injuries (Blavos, A. A., Glassman, T., Sheu, J., Diehr, A., & Deakins, B., 2014). The Center for Disease Control and Prevention (CDC, 2018 May) published an article outlining how much alcohol use affects underage people. The CDC reported that more than 180,000 persons under 21 were admitted to the hospital for alcohol-related injuries or conditions in 2010 alone (CDC, 2018 May).

Although the number of alcohol-related hospital visits seems high, there are likely many instances of alcohol poisoning that go unreported. Despite the chance of death, students are reluctant to seek medical assistance for fear of conduct consequences as a result of federal alcohol laws (Blavos, A. A. et al., 2014). In response to this issue, many states and universities have begun implementing medical amnesty laws and policies. Medical amnesty is the pardon of illegal or policy-breaking actions if they are discovered as a consequence of seeking medical help for someone. In the case of universities, many of these policies are used to encourage students to call for help when it's needed, regardless of their own violations of university policies—particularly underage drinking or possession of alcohol. Similarly, many states have passed laws that allow for medical amnesty, despite certain illegal activities, such as possession of alcohol underage or consumption of alcohol underage. In fact, more than 30 states in the United States have passed some form of medical amnesty law. Within each of those states, many universities also have adopted some form of medical amnesty policy, encouraging students to seek help when help is needed.

Medical amnesty can take several different forms; the most common difference from policy to policy is the scope of amnesty provided. Some of the more common types of policies include individual amnesty—which protects only the individual calling for themselves; victim amnesty—which protects the person in need of assistance regardless of who calls; organizational amnesty—which protects organizations that are associated with an event where actions occurred resulting in the need for medical assistance; and caller amnesty—which protects the individual(s) who call for assistance, but does not protect organizations that those persons may be involved in. Often, universities' policies include caller or victim amnesty, but few universities include organizational amnesty. As a result, there is still a resistance to calling assistance for individuals who became intoxicated at fraternity/sorority, athletic-related, or other organizational events.

Purpose

The purpose of this paper is to spark a collaborative discussion between Ball State students, faculty, and administrators about whether or not an organizational amnesty approach is beneficial for the Ball State community. This discussion will likely occur in the governing bodies of the university (i.e. the Student Government Association Senate, the University Senate, and the University Board of Trustees) in the form of legislation to be approved or denied. This paper is intended to serve as a point of reference in the discussion or as a basis upon which to argue for or against said legislation.

Research Question

The main question to be addressed in this paper is whether existing literature and other schools' policies support the idea of including organizational amnesty in the Ball State Code of Student Rights and Responsibilities. To address this question, the following aspects will be considered:

1. What are the effects that Medical Amnesty Protocols, or MAPs, have on university/collegiate communities;
2. The significance of education interventions as part of MAPs; and
3. What can be learned from existing amnesty policies at other institutions.

Significance of Research

As alcohol-related deaths and injuries continue to affect our country, educational institutions must continue to evaluate their policies in order to create a safe environment for their students. While most studies look at the incidence and effects of alcohol abuse on and around campuses, few studies examine the effects Medical Amnesty Protocols, or "MAPs" have on student safety, and none analyze the significance of the scope of amnesty on student safety. A death at a university can have severe effects on students, families, and the university reputation. MAPs are a way universities can be proactive in avoiding deaths due to alcohol-related unintentional injury at their institutions.

Indiana has a medical amnesty law called the Indiana Lifeline Law, which provides immunity for specific charges including minor possession, minor consumption, and more for those who seek medical assistance for an alcohol-related health emergency (IC 7.1-1-3-19.7). Currently, Ball State has a policy called the Good Neighbor Exception, which provides an opportunity for university disciplinary action to be waived for students who risk revealing their own violation of the *Ball State Code of Student Rights and Responsibilities* in order to seek medical assistance for an alcohol-related health emergency (Ball State University, 2017). With Ball State's caller amnesty policy, organizational amnesty is not provided, and this may play a role in the resistance of individuals who are part of a campus organization to call for emergency

medical help. This paper will help determine whether the inclusion of organizational amnesty is a recommended proactive step for Ball State University.

Review of Existing Literature

Alcohol Injuries and Deaths in Institutions of Higher Education

Alcohol use and abuse has a strong presence in colleges and universities across the country, but drinking, particularly binge drinking, starts early, and rates simply increase during college. According to an article on underage drinking by the NIAAA, alcohol consumed by persons aged 12-20 account for 11% of all alcohol consumption. In addition, more than 90% of the alcohol consumed by young people is done so through binge drinking (NIAAA, 2017, Feb). The 2015 National Survey on Drug Use and Health showed that 27.8% of persons aged 18-20 reported binge alcohol use (Substance Abuse and Mental Health Services Administration, SAMHSA, 2015).

Many damages and injuries follow collegiate drinking. Each year over 690,000 students are physically assaulted by someone under the influence of alcohol, and approximately 97,000 students report experiencing alcohol-related sexual assault or date rape (NIAAA, 2015 Dec). These numbers have gone up in recent years. There was a significant increase in college students being hurt or injured from their own alcohol use from the years 1993 to 2001 (Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F., & Lee, H., 2002). This was an important finding because the study did not find an overall significant increase in binge drinking rates among students, but the rate of injuries still increased; this implies an increased intensity of those participating in binge drinking, or a greater reluctance to seek medical assistance. Additionally, in a study conducted by Hingson, R. W., Zha, W., & Weitzman, E. R. (2009), it was found that

the rate of alcohol-related unintentional non-traffic deaths of 18-24 year-olds increased by 25.6% from 1998 to 2005.

According to findings reported in the Ball State University Executive Summary Fall 2017, 70.1% of responding BSU students reported drinking at least once in the 30 days prior to the survey. Of those students, the average number of drinks reported during their last party was 4.82 drinks. In Addition, 36.2% of Ball State respondents reported consuming at least five drinks in a single sitting in the previous two weeks. Finally, 20% of students who drank reported injuries resulting from their alcohol use (American College Health Association, 2017). With a campus of over 19,000 students, these percentages suggest that thousands of Ball State students are regularly in dangerous situations involving alcohol.

Underage Drinking Laws

With the adoption of the 21st Amendment in 1933, which repealed the prohibition of alcohol in the United States, a lot of freedom was given to the states to may choose whether allow alcohol within the state's borders, and if so, how it should be regulated. In fact, there is no federal law regarding a required drinking age. An article by the NIAAA on Alcohol Policy outlines that each state has the ability to regulate the sale, importation, distribution, and possession of alcohol. Some states left that decision up to the local governments, while many elected to make those decisions at the state government level. Furthermore, the article touches on how the legal drinking age came to be standardized around the country. The Federal Uniform Drinking Age Act of 1984 allows congress to reduce federal funding for highways by 10 percent for states that allow possession or purchase of alcohol by individuals below 21 years of age (NIAAA, *Alcohol Policy*). This incentivized states to adopt a minimum drinking age requirement of 21 years of age without creating a federal law to mandate it.

In Indiana, the state complies with the uniform drinking age of 21 years of age, prohibiting the sale, possession, or transport of alcohol by minors. These laws are enforced at all times by the police, and by specific excise police at events on some college campuses. Indiana provides funding for hours that police officers put in while serving as excise police. According to the Indiana Code Title 7.1 Alcohol and Tobacco § 7.1-5-7-7, the underage purchase, consumption, and transport of alcohol is a class C misdemeanor (IC § 7.1-5-5-7). For reference, a class C misdemeanor can be punishable by up to 60 days in jail and up to a $500 fine, and includes driving under the influence (DUI) in addition to underage alcohol violations.

University Discipline

In addition to state laws enforcing the consumption and possession of alcohol, many universities in the United State chose to incorporate clauses about underage drinking into their student handbooks. This allowed for university adjudication for violations regarding alcohol within their on-campus residence halls, and for some schools, off campus violations as well. This predominantly came about when President George H. W. Bush signed the Drug-Free Schools and Communities Act, which required state-funded schools to have standards of conduct that prohibit illegal alcohol and drug use by students and employees. In 1995, DeJong, W. & Langenbaum, S. published *Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on Campus*, which served as a guide for university administrators to revise their alcohol and drug policies for their campuses. Over time, each university's policy was altered to best fit the university, but they all had the same foundation.

The publication by DeJong, W. et al. provided a lot of insight into how to outline alcohol policies, including implementing an adjudication process for the university regarding alcohol violations. It recommended that universities consider implementing individual punishments such

as mandatory alcohol education interventions, fines, removal from university housing, or even suspension/expulsion (DeJong, W. et al. 1995). These actions, while being efficient for enforcement, may also be partially detrimental to the college communities. With such policies in place, students are more reluctant to seek medical assistance when it is warranted for fear of potential judicial repercussions for themselves, the person in need, or the hosting organization (Lewis, D. K., Marchell, T. C., 2006 July). This can be dangerous when it comes to the health and safety of university students.

Medical Amnesty Protocols

In order to counteract the student resistance to seeking emergency medical assistance that result from state and university alcohol policies, new Medical Amnesty Protocols (MAPs) were developed and implemented. Medical Amnesty laws often provide limited legal amnesty when someone calls for medical assistance for another person. The scope of these policies may be different from state to state, but over 60 percent of states in the United States have Medical Amnesty laws in place.

Many universities have chosen to enact MAPs as well. In Indiana alone, several large schools, including Indiana University, Purdue University, and Ball State University have implemented forms of MAPs (Indiana Lifeline Coalition). Similar to state laws, the policy at each university is different in wording, as well as scope, but not in purpose. For instance, Purdue University provides caller amnesty as well as amnesty for the student in need of assistance (Purdue University Regulations), while Indiana University provides terms upon which the caller and the student in need can avoid discipline in a medical emergency (IU The Hoosier PACT). Ball State University provides "the opportunity" for caller amnesty (Ball State University, 2017). Some schools choose not to implement medical amnesty policies. Many of the concerns about

adopting university MAPs come from the concern that MAPs may counteract efforts to discourage underage drinking (Lewis, D. K. & Marchell T. C., 2006 July).

Effects of MAPs on Student Safety

In 2006, faculty at Cornell University published a paper reporting the results of research studying the impact of the Cornell MAPs. This was a revolutionary step, as no other university had yet conducted such an extensive study of the true effect MAPs have on student likelihood to call for help. They found that the percentage of students that called an ambulance for another student rose relative to the percentage of students that thought about calling for help, indicating that students became more likely to call for help after the implementation of MAPs. Additionally, the percentage of students who reported thinking about calling but did not call for fear of getting the person in trouble dropped by 61 percent (Lewis, D. K. & Marchell T. C., 2006 July).

In response to dissenting claims that MAPs provide incentive for underage students to participate in reckless underage drinking, the study found that it was not likely to be the case. The results from student surveys showed more women participating in binge drinking than men. As the number of emergency calls rose, the percentage of women in need of assistance would be expected to rise or remain the same. Instead, the percentage of women treated for alcohol-related emergency room cases dropped, implying that the rise in emergency room cases was not just an increase in binge drinking across the board, but rather a decrease in resistance to calling for help for individuals who needed emergency medical assistance.

It is important to note that a key aspect of the Lewis and Marchell, (2006) study was that the Cornell MAP included a mandatory alcohol education follow-up for the students who received medical assistance resulting from an ambulance call. After the implementation of their

MAPs, there was a huge increase in judicially mandated educational intervention following treatment. The significance of increased alcohol education interventions is that there is literature connecting brief alcohol intervention following medical assistance with a decreased likelihood of recurrence by the student (Lewis, D. K., & Marchell, T. C., 2006 July; Barnett, N. P., Tevyaw, T. O., Fromme, K., Borsari, B., Carey, K. B., Corbin, W. R., Colby, S. M., & Monti, P. M., 2006), and an increased likelihood that the student will help other students in the future (Blavos, A. A. et al., 2014). That being said, a study conducted by faculty at North Dakota State University found that medical amnesty policies played a more significant role in students' likelihood to call for help than the alcohol education (Oster-Aaland, L., Thompson, K., & Eighmy, M., 2011).

Unfortunately, Cornell's study was limited by the jurisdiction of their student conduct policy. Cornell was not able to provide amnesty for students living off campus, or for Greek Life houses. The study presented responses from students reporting a continued resistance to calling for fear of legal consequences because at the time of the study, New York had not adopted a medical amnesty law, and fear of punitive consequences for their organizations in trouble as a result of a 911 call. On average between the two years after Cornell implemented their MAPs, 13.5% of students who reported thinking about calling for help for an intoxicated person did not actually call. An average of 1.5% of all respondents cited not calling for fear of getting their organization in trouble, which means almost 10% of the people who thought about calling for help and did not, chose that course of action because of potential repercussions for their organizations.

Discussion/Recommendations

A likely concern among college administrators is that any discussion of student alcohol use will result in parent fears regarding their child's choice in school, a diminished reputation, and reduced enrollment. As a result, many schools have implemented medical amnesty policies, but very few have published results showing the effectiveness of MAPs at their institutions. Specifically, when schools publish findings, they report on the efficacy of their educational interventions rather than the statistics about campus alcohol use and related emergency medical calls (Barnett et al., 2004; Blavos et al., 2014; Carey, et al., 2006; Colby et al. 2000; Oster-Aaland et al. 2011). We can assume these decisions are to avoid scrutiny from community members and parents who have concerns about MAPs encouraging irresponsible behavior. As a result, one of the takeaways from this study is that thorough analysis of the impact of MAPs is an immense research opportunity. Currently none of the existing papers about medical amnesty policies address the significance of organizational amnesty alone. It would be very interesting to investigate the contribution of organizational amnesty in reducing resistance to calling for medical assistance, holding other factors constant. Ball State is in a perfect position to conduct that study, particularly because it already has a policy for caller amnesty, which would make data analysis of the integration of organizational amnesty much cleaner.

In the lone study addressing the impact of MAPs, Lewis and Marchell (2006) found that MAPs are shown to be beneficial in reducing the resistance to calling for help, while not increasing the reported rates of binge drinking on campuses. In addition, the rate of students reporting that they did not want to get their organization in trouble shows why organizational amnesty is significant. Similar to how there was worry that MAPs would encourage underage drinking, there are likely to be concerns that organizational amnesty would create incentives for

organizations to be more reckless with their events. While there are no data regarding that concern, the finding that implementation of basic medical amnesty policies did not significantly change reports of binge drinking suggests previous concerns about MAPs encouraging drinking were not substantiated.

Schools across the country have implemented various forms of alcohol education interventions for students, whether required for all students, or mandated for students who violated the school's alcohol policy (Barnett, N. P. et al., 2004). It is important for universities to be conscientious when designing their education interventions, because some styles of mandatory consequences can lead to decreased likelihood that a student will seek medical assistance for another student. One of the important things for administrators to consider when designing their educational approach is cost to the students. In a study conducted by Colby, Raymond, and Colby (2000), researchers found that of students who were mandated by the university to receive additional expensive substance abuse treatment as a result of their alcohol or drug related medical emergency, 69% reported being less likely to seek medical or police assistance for a peer, while 60% reported that cost would not reduce students who drink to get drunk. In addition to cost, administrators in higher education must consider the type of education that is used.

In the study by Barnett et al. (2004), it was found that brief motivational interventions, or "BMIs" were significantly more effective at reducing issues regarding alcohol in the future than alcohol education interventions. BMIs assess quantity, frequency, and consequences of drinking, and personalized motivational strategies for students to change behavior (Carey, K. B., Carey, M. P., Maisto, S. A., & Henson, J. M., 2006). Although BMIs may require more effort on the part of college staff members because there is an aspect of personalization for each student,

implementation of an educational program that benefits students the most and actually reduces future reckless behavior is crucial.

Organizations play a large role in the experience at Ball State. There are over 400 student organizations for the school's student body of over 19,000 students. In the fall of 2017, Greek Life alone consisted of over 2,300 students (Ball State University, 2017). Extrapolating the results from Lewis and Marchell (2006) to Ball State's campus, over 280 students each year think about seeking medical assistance for a peer, but do not because they are worried about getting their organization in trouble, despite the existence of a caller amnesty MAP. There was no research found which presented evidence that MAPs were detrimental to the respective state or campus communities. Despite concerns that adopting MAPs would encourage underage drinking, none of the results substantiated those claims. While there may be concerns that including organizational amnesty in Ball State's existing MAP would encourage organizations to break the rules, the present data do not validate those concerns.

With the implementation of organizational amnesty, it is important to also create an educational approach for host organizations. My recommendation is that the education should take the form of brief motivational intervention in which leaders of the organization meet with an administrator to address how their event was run, why medical assistance was needed, and what aspects of the event led to the need for medical assistance. The administrator should then collaborate with the organization's leaders to develop a strategic plan to address how the organization will avoid a repeat situation. Based on the results from individual BMIs for at-risk students (Carey, K. B. et al., 2006; Barnett et al., 2004), BMIs are effective at reducing future alcohol use. While some other universities have adopted forms of organizational amnesty MAPs, there is yet to be a report on organizational amnesty's effects on students' likelihood to call for

medical assistance. This is an opportunity for Ball State to not only gather information for the university itself, but also to inform the entire field of higher education.

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